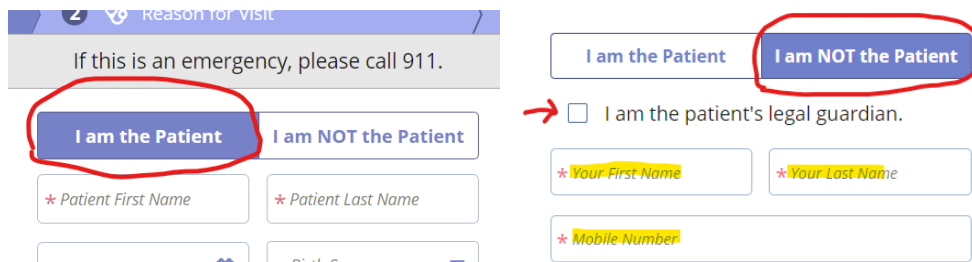


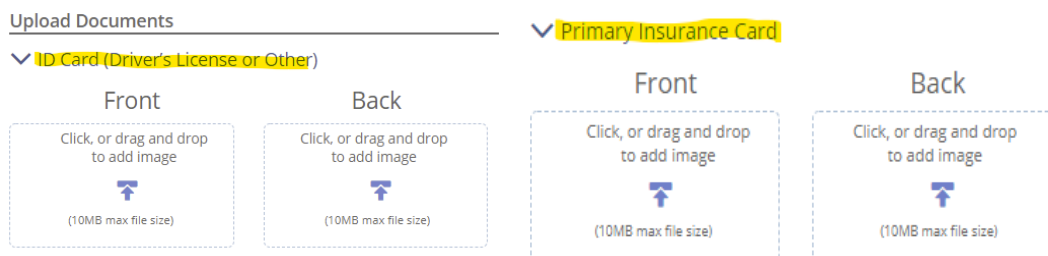
**ONLINE PATIENT REGISTRATION INTAKE FORM**

1. Follow this link: <https://patientportal.advancedmd.com/140599/onlineintake>
2. Accept all terms and conditions
3. **IF** you are the patient **AND** you are 18+ years old you can submit the form as the patient.  
If the patient is **NOT 18+ YEARS OLD** a parent or guardian will need to submit the form on behalf of the patient.
4. One form must be submitted for **EACH** individual attending camp



5. Submit Insurance Information:

- You must provide **1)Insurance Carrier 2)Image of the Card 3)Insurance ID #**
- Upload front/back of government issued ID



6. Reason for Visit – **Camp Covid19 Testing**
7. Additional Details About Reason for Visit – **Name of Camp you or your child is attending**
8. Preferred Location – **VIRTIMD Camp**

